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COM 40 MALOUSTIVIESTI OF AND MOTHORICA TO FAIL COURT ATTORNIED 1. CIR./DIST./DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER Bleidom, Richard Robert MAX 3. MAG, DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT,/DEF, NUMBER 6. OTHER DKT. NUMBER 1:04-000813-001 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE (See Instructions) U.S. v. Bleidorn Felony Adult Defendant Criminal Case 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

1) 18 922G.F. -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS 13. COURT ORDER O Appointing Counsel
F Subs For Federal Defender ☐ C Co-Counsel☐ R Subs For Retained Attorney Apfel, David J. F Subs For Federal Defende
P Subs For Panel Attorney Y Standby Counsel Goodwin Procter LLP Prior Attorney's Name: Exchange Place Boston MA 02109 Appointment Date: . ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, Telephone Number: (617) 570-1970 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instruction Other (See Instructions) Goodwin, Procter LLP Exchange Place 53 State Street Signature of Presiding Judicial Officer or By Order of the Court 04/07/2004Boston MA 02109 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. \square YES \square NO CLAINTFOR SERVICES AND EXPENSES FOR COURTESTIONLY TOTAL AMOUNT CLAIMED MATH/TECH ADJUSTED MATH/TECH ADJUSTED HOURS CLAIMED ADDITIONAL REVIEW CATEGORIES (Attach itemization of services with dates) a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings Ĭ d. Trial e. Sentencing Hearings C f. Revocation Hearings u g. Appeals Court h. Other (Specify on additional sheets) TOTALS: (Rate per hour = \$ a. Interviews and Conferences 16 O t b. Obtaining and reviewing records c. Legal research and brief writing 0 d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$ TOTALS: Travel Expenses 17. (lodging, parking, meals, mileage, etc.) Other Expenses (other than expert, transcripts, etc.) 18. GRAND TOTALS (CLAIMED AND ADJUSTED) CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 20, APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION FROM TO ☐ Supplemental Payment
☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO sation or anything or value) from any other source in connection with this 22. CLAIM STATUS 🔲 Final Payment 🔲 Interim Payment Number Have you previously applied to the court for compensation and/or remimbursement for this case?

Other than from the court, have you, or to your knowledge has anyone else, received payment (compet representation? TXES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Date: APPROVED FOR PASSMENT COURT USE ONLY and the rest of the 23. IN COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 24. OUT OF COURT COMP. 27. TOTAL AMT, APPR / CERT 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE / MAG. JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. 34a. JUDGE CODE DATE